



3623
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samuel I. Brandt

Docket No.: 2001P16949 US02

Serial No.: 10/051,664

Examiner: Akiba K. Robinson Boyce

Filed: 01.17.02

Group Art Unit: 3623

Title: A SYSTEM FOR PROCESSING HEALTHCARE RELATED EVENT INFORMATION FOR USE IN SCHEDULING PERFORMANCE OF TASKS

CERTIFICATE OF MAILING

I hereby certify that correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail on the below-indicated date in an envelope addressed to: Assistant Commissioner for Patents, Alexandria, VA 22313-1450

2 Augst 2005 Alexander Burke
Date Alexander J. Burke
Reg. No. 40,425

Assistant Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

The documents listed on Form PTO-1449 have been cited in co-pending commonly owned application 2003/0050797 A1 concerning similar subject matter hereby cited pursuant to 37 CFR §1.56, §1.97 and §1.98, for consideration in the examination of the above-identified application and for the purpose of having them made of record.

The Commissioner is authorized to charge the fee of \$180.00 to deposit account No. 19-2179 and any other fees associated with the filing of the paper and credit any overpayments.

Respectfully submitted,

Alexander Burke

Alexander Burke
Reg. No.: 40,425

Date: August 2, 2005

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08/05/2005 YPOLITE1 00000013 192179 10051664

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AUG 04 2005

PTO/SB/08a (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

Approved for use through 10/31/2005. GPO 2001-3387

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~~Substitute for form 1449A/PTO~~

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

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of | 1

<i>Complete if Known</i>	
Application Number	10/051,664
Filing Date	01.17.02
First Named Inventor	Samuel I. Brandt
Art Unit	3623
Examiner Name	Akiba K. Robinson Boyce
Attorney Docket Number	2001P16949 US02

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 04 2005

JC37 EPO

Effective 08/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180.00**Complete if Known**

Application Number	10/051,664
Filing Date	January 17, 2002
First Named Inventor	S. I. Brandt et al.
Examiner Name	A. K. Robinson-Boyce
Art Unit	3623
Attorney Docket No.	2001P16949US02

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: **19-2179** Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		<u>Fee (\$)</u>
- 3 or HP =	x	=		200	100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE

180.00**SUBMITTED BY**

Signature	<i>Alexander J. Burke</i>	Registration No. (Attorney/Agent) 40,425	Telephone 732-321-3023
Name (Print/Type)	Alexander J. Burke		Date AUGUST 2, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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